16/565951

| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                       |                                                                      |                           |                |                                   |   |            | Application or Docket Number |    |                     |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------|---------------------------|----------------|-----------------------------------|---|------------|------------------------------|----|---------------------|------------------------|
| CLAIMS AS FILED - PART I  (Column 1) (Column 2)                                                                                                                                                                                                                                                                                                                                                                 |                                                                               |                                       |                                                                      |                           |                |                                   |   | SMALL EN   | TITY                         | OR |                     | R THAN<br>ENTITY       |
| U.S                                                                                                                                                                                                                                                                                                                                                                                                             | . NATIONAL                                                                    | STAGE FEES                            |                                                                      |                           |                |                                   | ] | RATÉ       | FEE                          | 7  | RATE                | FEE                    |
| BASIC FEE                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                       | SMALL ENT. = \$ 150                                                  |                           | LAR            | GE ENT. = \$ 300                  | 1 | BASIC FEE  |                              | OR | BASIC FEE           | 310                    |
| EXAMINATION FEE                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               |                                       | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                     |                           |                | ther situations = \$ 100 / \$ 200 |   | EXAM. FEE  | †                            | 1  | EXAM. FEE           | 200                    |
| SEARCH FEE                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                       | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                           | All o          | ther situations = \$250 / \$500   |   | SEARCH FEE | 1                            |    | SEARCH FEE          | 40                     |
| FEE FOR EXTRA SPEC. PGS.                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                                       | 22 mir                                                               | nus 100 =                 |                | / 50 =                            | 1 | X \$ 125 = |                              | 1  | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                       | 38 m                                                                 | inus 20 =                 | <del>.</del> / | 8                                 |   | X \$ 25 =  |                              | OR | X \$ 50 =           | 900                    |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                     | EPENDENT CL                                                                   |                                       | <u> </u>                                                             | ninus 3 =                 | *              |                                   |   | X \$ 100 = |                              | OR | X \$ 200 =          | 1/-                    |
| _                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | DENT CLAIM PR                         |                                                                      |                           |                |                                   |   | + \$ 180 = |                              | OR | + \$ 360 =          | 360                    |
| * If the difference in column 1 is less than zero, enter "0" in col                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                       |                                                                      |                           |                | olumn 2                           | - | TOTAL      | ·                            | OR | TOTAL               | 2/60                   |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                     | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |                                       |                                                                      |                           |                |                                   |   | SMALL      | ENTITY                       | OR | OTHER<br>SMALL      | THAN<br>ENTITY         |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               | REMAINING<br>AFTER<br>AMENDMENT       |                                                                      | NUME<br>PREVIO<br>PAID F  | ER<br>USLY     | PRESENT<br>EXTRA                  |   | RATE       | ADDI-<br>TIONAL<br>FEE       |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | Total                                                                         | *                                     | Minus                                                                | **                        | <u>-</u>       | = .                               |   | X \$ 25 =  |                              | OR | X \$ 50 =           |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | Independent                                                                   | *                                     | Minus                                                                | ***                       |                | =                                 |   | X \$ 100 = |                              | OR | X \$ 200 =          |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                |                                       |                                                                      |                           |                |                                   |   | + \$ 180 = |                              | OR | + \$ 360 =          |                        |
| -                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | · · · · · · · · · · · · · · · · · · · |                                                                      |                           |                |                                   |   | FEE        |                              | OR | TOTAL ADDIT.<br>FEE |                        |
| _                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | (Column 1) CLAIMS                     | T                                                                    | (Colum                    |                | (Column 3)                        |   |            |                              |    |                     |                        |
| 봈                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | REMAINING<br>AFTER<br>AMENDMENT       |                                                                      | NUMB<br>PREVIOU<br>PAID F | ER<br>JSLY     | PRESENT<br>EXTRA                  |   | RATE       | ADDI-<br>TIONAL<br>FEE       |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | Total                                                                         | *                                     | Minus                                                                | **                        |                | =                                 |   | X \$ 25 =  |                              | OR | X \$ 50 =           |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | Independent                                                                   | *                                     | Minus                                                                | ***                       |                | =                                 | Ī | X \$ 100 = |                              | OR | X \$ 200 =          |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL                                   |                                       |                                                                      |                           | AIM            |                                   |   | + \$ 180 = | ,                            | OR | + \$ 360 =          |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               |                                       |                                                                      |                           |                |                                   |   | FEE        |                              | OR | TOTAL ADDIT.<br>FEE |                        |
| * if the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. |                                                                               |                                       |                                                                      |                           |                |                                   |   |            |                              |    |                     |                        |